

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 15 1957

37501
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar No. **10134**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2526 CALIFORNIA				Length of stay in lb		d. STREET ADDRESS (If outside, give location) 2526 CALIFORNIA	
3. NAME OF DECEASED (Type or print) First MARTIN Middle J Last HABERLAND, SR.				4. DATE OF DEATH Month OCT Day 2 Year 1957			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH MARCH 24, 1894	
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ASSEMBLER		11. BIRTHPLACE (City and state or country) BOULDER, COLO.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME MARTIN J HABERLAND				14. MOTHER'S MAIDEN NAME MARY SCHOEN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) NO				16. SOCIAL SECURITY NO. 493-01-3600		17. INFORMANT Address LOUISE HABERLAND 2526 CALIF.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 420.1							INTERVAL BETWEEN ONSET AND DEATH 48 hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Oct. 25, 1957 to October 28, 1957 and last saw her alive on Oct. 27, 1957 Death occurred at 12:10 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Bernard T. Koenig, M.D.				(Degree or title)		22b. ADDRESS 4755 Maryland Road	
						22c. DATE SIGNED 10/28/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 10/30/1957		23c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEMETERY		23d. LOCATION (City, town, or county) (State) ST. LOUIS CO., Mo.	
24. FUNERAL DIRECTOR J L ZIEGENHEIN & SONS				ADDRESS 7027 GRAVOIS		25. DATE RECD. BY LOCAL REG. OCT 29 '57	
						26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Donald E. Bing*.....
Licensed Embalmer No. *486*

P. O. Address *7027 Grant*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.